

Amendments to the Specification.

Please replace the last paragraph on page 9, bridging page 10, with the following rewritten paragraph:

Once all of the air has been evacuated and the enclosure 27 totally sealed, the coring tool 21, shown in more detail in Figures 5 and 6, can be used to remove a section of tissue from the left ventricular apex. The coring tool 21 can have a central rod 62 and an outer tubular barrel 65. The central rod 62 can have a corkscrew-like member 68 for retaining the plug of tissue after it has been cut loose from the heart. Alternatively, if, for example, an initial scalpel incision is made in the left ~~ventricular apex~~ <sup>30</sup>-ventricular apex <sup>30</sup>, a holding member 71, like that depicted in Figure 6, could be used. In that case, the holding member 71 would be passed through the incision and into the ventricular cavity, where the tissue can be held from the opposite side while the tissue is cored. Other methods will also be apparent to those skilled in the art. In either case, while the central rod 62 of the coring tool 21 is held stationary, the outer barrel 65 can be rotated as a blade portion 74 of the barrel 65 is pressed against the heart surface. This action is continued until the blade portion 74 of the coring tool 21 barrel 65 passes completely through the heart wall. The entire coring tool and captured tissue plug can then be retracted into the enclosure 27 and kept there while the conduit 24 is being attached to the heart. The size of the enclosure 27 and the coring tool 21 make it possible for arrangement of the inner components of the enclosure 27, such that subsequent manipulations of the conduit 24 within the enclosure 27 are unobstructed by the other enclosed members of the apparatus 15.